



CLARK COUNTY DEPARTMENT OF BUILDING & FIRE PREVENTION

4701 W Russell Rd ~ Las Vegas, NV 89118 ~ Phone: (702) 455-7100 ~ Fax: (702) 735-0775

Over-the-Counter Fire Review Service – Letter for Emergency Repair,

Like for Like Replacement, or Demolition of Existing System

Website: http://www.clarkcountynv.gov/Depts/development_services/fire_prevention

Email: permits@ClarkCountyNV.gov

Fee Payment: Fee is payable in exact cash, check or money order (drawn on a US Bank in US funds), Master Card or Visa presented in person with proper ID, or an established Fire Prevention escrow account. Checks are payable to CCDB-Fire Prevention. Please note that escalating fees may apply upon completion of review. This form must be legible and all appropriate boxes check-marked. Multiple permits require separate application forms.

Submittal Date: _____ **Payment Type:** ☐ Cash ☐ Check ☐ Credit Card -or- Escrow Account #: _____

Service Delivery requested:

☐ Over-the-Counter (\$160 due at submittal, all plan types)

☐ 20 business-day (1x escalated fee, \$80 due at submittal, all plan types)

Code Enforcement Case No.: (If applicable) _____

Building Permit No.: (If applicable) _____

(Check one box for desired permit)

* Contract required

Fire Suppression and Extinguishing Systems <input type="checkbox"/> Automatic Sprinkler (FDSR) * <input type="checkbox"/> Carbon Dioxide (FDCC) * <input type="checkbox"/> Clean Agent (FDCA) * <input type="checkbox"/> Dry Chemical (FDDC) * <input type="checkbox"/> Foam (FDFS) * <input type="checkbox"/> In Building Risers (FDSI) <input type="checkbox"/> Wet Chemical (FDWC) * <input type="checkbox"/> Fire Pumps and Related Equip (FDPP) <input type="checkbox"/> Standpipe Systems (FDSP) *	Fire Alarm and Detection Systems, Related Equipment and Dedicated Function Fire Alarm Systems <input type="checkbox"/> Automatic Sprinkler Monitoring (FDSM) <input type="checkbox"/> Elevator Recall (FDER) <input type="checkbox"/> Fire Alarm Monitoring (FDFA) <input type="checkbox"/> Fire Alarm Systems (FFAS) * <input type="checkbox"/> Video Detection Systems (FVDS) * <input type="checkbox"/> Smoke Control System-Control Panel (FDAL) <input type="checkbox"/> Smoke Removal System-Control Panel (FSRS) <input type="checkbox"/> Access Gates (FAEC) <input type="checkbox"/> Med-Gas System (FDMG)	<input type="checkbox"/> Private Fire Hydrant and (FDPR) Associated Supply Piping <input type="checkbox"/> Two-way Communication Systems (FDTW) <input type="checkbox"/> Underground Storage Tank and (FFTC) Associated Components <i>(Includes: Install, removal, abandonment & repair)</i> <input type="checkbox"/> Water Tanks (FWST) <i>(Used for supply of fire protection systems)</i> <input type="checkbox"/> Other: _____ <i>(Provide description, and App code if available)</i>
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PERMIT INFORMATION

Plans: ☐ New ☐ Revision ☐ Correction Application # (If applicable): _____

Note: The original application number must be provided if this plan submittal is a revision or a correction.

Municipal Project/Property: ☐ Yes ☐ No APN: _____

Property/Venue Address: _____ Bldg.-Suite#: _____

Major Property/Venue Name: _____

(i.e.: Name of development, building, project, hotel/casino, or other identifying information)

Sub-Property/Venue Location: _____

(i.e.: Name of business, shop, project, ballroom, hall, parking lot, or other identifying information)

APPLICATION INFORMATION

Submitting Company Name: _____

Mailing Address: _____ Bldg.-Suite #: _____

City, State, Country, Zip Code: _____

Company Email Address: _____

Company Phone #: _____ Company Fax #: _____

Applicant Phone #: _____ Ext #: _____ Fax #: _____

Applicant Email Address: _____

Inspection Contact Name: _____ Cell Phone #: _____

Inspection Contact Email Address: _____

Applicant Name and Title

Applicant Signature